

CENTRALISED ALLOTMENT PROCESS - 2007
REQUEST FOR CANCELLATION OF ADMISSION*

[Request for cancellation of admission after joining a college should be submitted through the
#Head of the Institution where the candidate is admitted]

Roll No	<input type="text"/>	Engineering Rank	<input type="text"/>
Name	<input type="text"/>	Medical Rank	<input type="text"/>
Contact telephone/Mobile No:	<input type="text"/>	B.Pharm Rank	<input type="text"/>
Present Admission Details			
Stream	<input type="text"/>	Architecture Rank	<input type="text"/>
(Write Engineering/Medical/Architecture/B.Pharm)			
Course	<input type="text"/>		
College	<input type="text"/>		
Reason for Cancellation of Admission	<input type="text"/>		

UNDERTAKING

I (Name of candidate) do hereby affirm that, am not interested to continue the course and college allotted to me by the Commissioner for Entrance Examinations, as per the details furnished above, and hence I request to cancel my admission. I understand that the higher order options remaining in the stream mentioned above, will also be cancelled and that no request will be made by me to reconsider the allotment or the higher order options after cancellation of this admission.

Date:

Place:

Signature of Parent/Guardian

Signature of candidate

*This form is NOT TO BE USED for cancellation of higher-order options

#FORWARDED

Date:

Place:

Name & Signature of the Head of Institution

(For office use only)

Cancellation effected on Remarks: